

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

	Office of	Campaign and Polit	ical Finance	
menouvenith Massachesotts				
ffice of Campaign and Poli ne Ashburton Place oston, MA 02108 517) 727-8352.	tical Finance			2 S S
. Date of Report:	(Must be filed	within 7 business days of expend	iture(s) in excess of \$100.00 in aggre	gate)
Expenditure(s)	Made Ru: Massa	chusetts Nurses Ass ne of individual or group making	ociation	
*	340 T	urnpike St.	Canton City/Town	02021 Zip
	v.	et Address	4 P	
3. Name of Candi	date(s) For Whom the Ab	ove Expenditure(s) Election	1	Rep
	8		*	, · <u> </u>
4. Expenditure(s)	:			
Date Paid	To Whom Paid	Address	Purpose	Amount
	Saltus Press	24 Jolma Rd.	Mailing	165,23
		Worcester, 01604	-	
			defined by M.G.L. c.55 section	on 18A:
I hereby certify th	e expenditures noted are i	ndependent expenditures, as	defined by M.G.L. c.55, section	one contributions in
(1) the individual	(s) or group who made the of such expenditure(s); a	e expenditure(s) described h and	erein did not solicit or receive a	the control of the control of the
(2) the individual	(s) or group who made un	e expenditure(s) described in	erein did not cooperate, consulttee organized on behalf of any enditure(s).	candidate, or any
or at the requ agent of a car	est or suggestion of any endidate or any political co	mmittee in making such exp	enditure(s).	
I further certify th	nat all statements made he	erein are true and accurate.	# 20	ਕ ਕੌਂ ਤੰਡ
Signed under the	e penalties of perjury:	7	a	a
101 A	e. AIN/-(No	10/30/06	Katrina Anderson Director, Legislation	and Government A
Signature	WWV MVV	Date Prin	at Name of Individual Signer and alf of a group)	nd Title (if signing on
DIETHORN		JAOMING & KO BOHA lbin	all of a klonb)	